STATEMENT OF

RECEIVED_

2012 NOV 15 AM 11: 28

FORM 1		ORGANIZATION				FEC MAIL CENTER		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, typ r the lines.	De 12FE4MS			
MARYLAN	ID RE	PUBLIÇAN E	XEC	JTIVE BO	PARD			
ADDRESS (number a	and street)	P.O.BOX 6	6731	3				
(Check if address is changed)		POMPANO	BEAC	H	. FL	33066		
			CITY		STATE	ZIP C	ODE	
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only on USRepublic			pards@gm	ail.com		
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)						
(Check if is change								
2. DATE 111	1" ′ 1°C)°′Ž01Ž						
3. FEC IDENTIFIC	CATION N	JMBER C						
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED	(A)			
I certify that I have		nis Statement and to the l	-	_	elief it is true, correc	ct and complete.		
Signature of Treasur		01	Bungo		_ Date 1 1	l" ′ 10° ′	Ž0'1Ž `	
NOTE: Submission of	false, errone	eous, or incomplete information					2 U.S.C. §437g.	
Office Use				For further information Co	ommission	FEC FC	•	